United Nations E/ICEF/2017/P/L.27

Economic and Social Council

Distr.: Limited
10 August 2017
English
Original: English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
Second regular session 2017
12-15 September 2017
Item 8 (a) of the provisional agenda*

Country programme document

Central African Republic

Summary

The country programme document (CPD) for Central African Republic (CAR) is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $26,392,000 from regular resources, subject to the availability of funds, and $94,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

17-13804X (E) 140817

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Programme rationale

1. This country programme has been developed at a time when the Central African Republic is gradually emerging from a period of institutional, social and political instability stretching back several decades. The main accomplishments of the transitional period, which began in 2013, have been the adoption of a new constitution establishing the Sixth Republic (in March 2016) and the holding of democratic, transparent presidential elections. The legislative elections in April 2016 marked further progress towards a return to constitutional order. However, armed groups continue to control the country's natural resources, threatening social cohesion and access to basic services. The situation of instability and insecurity warrants the continuing need for a United Nations peacekeeping presence.

2. The Government has published the Plan de Relèvement et de Consolidation de la Paix en Centrafrique (RCPCA, National Recovery and Peacebuilding Plan for the Central African Republic) 2017-2021, in which it sets out its priorities around three strategic pillars: (a) supporting peace, security and reconciliation; (b) renewing the social contract between the State and the population; and (c) promoting economic recovery and restoring production sectors. United Nations agencies and the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) have developed a United Nations Peacebuilding and Development Assistance Framework Plus (UNDAF+) for 2018-2021, which aligns with these national priorities.

3. The country has an estimated population of 4.9 million (2016). Of these, 2.2 million people, including 1.1 million children, require humanitarian assistance. In February 2017, the Commission on Population Movement estimated the number of internally displaced persons (IDPs) to be 426,100 and the number of refugees 464,000.

4. Disparities and inequalities between the regions that are at the root of the country's various crises could be exacerbated by limited access to humanitarian assistance. A recent World Bank survey of municipalities found that most regions in the north-east and east of the country lacked public administration and social services and, in the few cases where they existed, people had limited access to them for security reasons and poor road infrastructure.

5. In most cases, available data date back to before the latest violence erupted in 2013. The Multiple Indicator Cluster Survey (MICS) scheduled for 2017 will provide an update on the situation of children. In 2013, the under-five mortality rate stood at an estimated 139 deaths per 1,000 live births (compared with 174 per 1,000 live births in 2000). At 43 deaths per 1,000 live births, neonatal mortality accounts for a large percentage of this figure. Chronic malnutrition remained largely unchanged between 2012 and 2014, at 40.8 per cent of children aged 6-59 months (17.5 per cent of whom suffer from severe acute malnutrition (SAM)). The maternal mortality ratio stands at 880 deaths per 100,000 live births. At an estimated 4.9 per cent among 15-49-year-olds, HIV prevalence is among the highest in the West and Central Africa region, and the rate is significantly higher among adolescent girls than adolescent boys (4.2 per cent and 0.7 per cent, respectively).

6. In 2010, one in three children aged 6-11 had never been to school. Again, there were disparities between girls (33.7 per cent) and boys (26.4 per cent), as well as between rural and urban areas (37.7 per cent and 16.8 per cent, respectively). In 2016, just 2.6 per cent of children aged 3-5 had access to pre-primary education. Also in 2016, 51 per cent of girls and 58 per cent of boys were enrolled in the first year of compulsory education (which

officially begins at 6 years of age). More than half of teachers do not have official qualifications. These community teachers often instruct classes of more than 80 pupils. The primary repetition rate stands at 23 per cent. In 2016, 48 per cent of pupils successfully completed the first year of compulsory education, with disparities between girls and boys (40 per cent and 54 per cent, respectively).

7. In 2015, 68 per cent of the country's population used an improved water source and 35 per cent had access to improved sanitation facilities. These headline figures mask disparities between urban and rural areas and across the country's 17 prefectures, including Bangui. The recent crises have caused damage to water management infrastructure and systems and drinking water treatment has stopped in the capitals of 8 prefectures. As a result, just 32 per cent and 29 per cent of people living in rural and urban areas, respectively, have access to drinking water. One-third of the population (and as much as 80 per cent in some villages) practises open defecation.

8. Of the 9,449 children who were freed from armed groups from January 2014 to March 2017 (30 per cent of whom are girls), only 4,954 have benefited from reintegration programmes. Current estimates indicate that there are still 4,000 children involved with armed groups. Children are also exposed to exploitation, abuse and all forms of violence, mainly because families become separated during population movements. Data from MICS 2010 show that 29 per cent of girls aged 20-24 got married or moved in with a partner before the age of 15, and 68 per cent did so before the age of 18. There have been 9,046 recorded survivors of gender-based violence since 2014, including 1,733 women and girls who have survived sexual violence and received holistic support mainly from non-governmental organizations (NGOs), UNICEF, the United Nations Population Fund (UNFPA) and MINUSCA. Around two-fifths of births are not registered. Children, especially the most vulnerable, do not have access to appropriate justice services that meet international norms and standards.

9. Public spending on the social sectors remains extremely low, at 1.9 per cent and 1.2 per cent of gross domestic product (GDP) on health and education, respectively, in 2015. Access to social protection services is dependent on employee contributions to the social insurance scheme, thereby excluding large parts of the population, including the most vulnerable and the poor (who account for an estimated 62 per cent of the country's population).

Programme priorities and partnerships

10. The proposed programme, which is in the spirit of the draft UNICEF Strategic Plan, 2018-2021, aims to support the national priorities as set out in the RCPCA by contributing to the three priority areas of the UNDAF+ as follows: (a) Peacebuilding, security and social cohesion; (b) Social well-being and equity; and (c) Sustainable economic recovery. The programme's ultimate goal is to ensure that more children survive and develop in a healthy and protective environment by 2021.

11. The programme will be implemented via a combination of national and local interventions that take account of realities and idiosyncrasies in different areas of the country, to ensure that the programme is suited to the current circumstances and expected developments in the short and medium terms. These areas have been identified on the basis of a context-sensitive analysis of insecurity drivers, conducted by the humanitarian country team. The centre and north-centre include eight conflict-affected prefectures. In the west and south-west, which encompass five prefectures and Bangui, the security situation is

gradually improving. The three prefectures in the north-east and east are characterized by the limited presence of humanitarian actors, a long-standing lack of basic social services and poor road infrastructure. Field operations are covered by the main office in Bangui and four zonal offices (Bambari, Bossangoa, Bouar and Kaga Bandoro), which together cover the current location of 81 per cent of internal displaced persons. These offices are also expected to serve as the base of assistance to 90 per cent of the 481,000 refugees when security and humanitarian conditions to their return from neighbouring countries are secured.

12. In order to continue to take full account of the volatility of the situation, three complementary and context-specific implementation strategies will be used: First, a humanitarian response, backed by the Rapid Response Mechanism (RRM), will address urgent needs, build national capacities and gradually transfer responsibility to national stakeholders, thereby enabling them to build community resilience and kick-start the development agenda as quickly as possible, with an approach that strengthens the humanitarian/development nexus. The RRM will continue monitoring the humanitarian situation, carrying out multisectoral assessments and providing a rapid response to urgent post-shock humanitarian needs. Second, the programme will implement recovery interventions, taking advantage of the improving security environment to strengthen existing national systems in support of the Government and lay the groundwork for future development. Third, the programme will deploy community outreach interventions to reduce inequalities, alongside national interventions (immunization, and back-o-school and post-conflict programmes such as the children and adolescents component of the national disarmament, demobilization, repatriation and reintegration (DDRR) programme).

13. The programme will emphasize fostering integration, convergence, inclusion and resilience across communities, systems and key stakeholders. Joint programming with other United Nations agencies, including with the relevant sections of MINUSCA, and strengthen the application of gender and youth and conflict-sensitive approaches.

14. The programme will coordinate and combine service delivery, capacity-building and child rights advocacy strategies according to early recovery and humanitarian needs, and generate knowledge about the situation of children in the country. This will, in turn, ensure that decisions are made on the basis of compelling data.

15. Sectoral interventions with high potential for integration will be used to test converging approaches aimed at inclusive participation and community and system resilience, and to inform lessons for gradual scale-up. This, in turn, will boost community engagement and improve social accountability mechanisms, thereby encouraging government and community facilities and systems to increase the supply of high-quality basic social services and driving demand. Ensuring that local stakeholders have the capacities to plan, coordinate and monitor the interventions will be critical to sustaining the programme outcomes.

16. The programme will be implemented through five components, as follows: (a) child survival and development; (b) primary education and gender equality; (c) child protection; (d) water, sanitation and hygiene (WASH); and (e) social inclusion. These components are designed to address the many forms of deprivation that are hampering progress towards the attainment of children's rights in a coherent and interdependent manner.

17. The **child survival and development** programme is founded on a three-pronged vision of a future in which: (a) more children, especially newborns, infants and young children, reach their fifth birthday; (b) the most vulnerable, including pregnant and

breastfeeding women, and children and adolescents infected with or affected by HIV, use holistic, integrated, high-quality treatment and behaviour-change services to improve their survival; and (c) fewer children under 5 suffer from stunting and acute malnutrition. These outcomes, which will also help to strengthen the health system, will be supported by three subcomponents, as follows:

18. The **maternal, newborn and child health (MNCH)** subcomponent will support sectoral policy advice, generate high-quality supply and demand for services, and help to create an enabling environment (including addressing harmful social norms, budgeting and policy development) while continuing to respond to epidemics and deliver care in humanitarian situations. The interventions will support the development and updating of MNCH policies and strategies that incorporate HIV, coordination, and monitoring and evaluation (M&E) at all levels of the health system, in emergency and development situations, and the establishment of an effective medical commodities supply system. Health-care and community facilities will receive technical and operational capacity-building so they are better equipped to provide preventive, curative and promotional care for children, mothers and newborns. A package of high-impact interventions, including community-based treatment of childhood illnesses, will be modelled in stable areas before being rolled out gradually across the country. Health systems strengthening interventions will continue, with a particular focus on expanding immunization service-delivery capacities nationwide, including the cold chain.

19. The **HIV subcomponent** will strengthen information management policies and strategic and will leave health-care facilities and communities better equipped to provide high-quality, integrated, equitable HIV treatment services, including in emergency situations, in 12 of the 17 prefectures, including Bangui. Adolescents and young people living in stable areas will have access to integrated health promotion and preventive adolescent health services. The programme will develop standards for adolescent and youth health promotion services to ensure the delivery of high-quality HIV screening and treatment.

20. The **nutrition subcomponent** will support the implementation of high-impact child nutrition interventions, by developing a set of standards and preventive and curative interventions for acute malnutrition and stunting, with a particular emphasis on early childhood care in the community. In areas where the security situation remains challenging, the programme will strengthen the surveillance and appropriate treatment system for children suffering from SAM. Capacity-building will better equip health workers and community outreach workers to provide integrated treatment, prevention and nutritional promotion services. The programme will help to ensure that nutritional supplies are readily available.

21. The **primary education and gender equality programme** will support the provision of high-quality, inclusive education and will work to keep children of pre-primary and primary age, as well as adolescents excluded from the education system, in school. It will help to enrol more girls and excluded children in school by developing alternative models (such as vocational training, accelerated learning, etc.) tailored to their educational needs and getting communities more involved in promoting gender equality. The programme will seek to keep more boys and girls in school and will work to improve learning outcomes. It will do so by helping young children to prepare for school, implementing a conflict- and gender-sensitive curriculum, and strengthening child protection practices in schools. The programme will focus in particular on addressing gender-based violence in school settings, as well as establishing gender-sensitive sanitation standards and facilities and a menstrual

hygiene management framework. The ongoing priorities will include monitoring girls' attendance and performance at school, and recruiting, training and incentivizing teachers and community teachers and monitoring their performance. The programme will also strengthen education in emergency preparedness and response capacities, particularly at IDP sites and in areas where movement is restricted due to insecurity.

22. The **child protection programme** will focus on strengthening the sustainable demobilization and reintegration of children associated with armed groups in the context of the national DDRR programme, providing holistic care for survivors of sexual violence, and tackling other forms of violence such as child marriage. In stable areas, the programme will gradually deploy a package of recovery interventions, covering legal, civil registration, and social and community services. Village chiefs and community leaders will be given a prominent role, helping to support family efforts to prevent and address violence against children, including in emergency situations. A community-led approach will be modelled in those areas where official services are unavailable. The pilot scheme will be costed, evaluated and scaled up. Sectoral policies and strategies will be reviewed ... apacity will be developed along with tailored advocacy efforts to increase their implementation and strengthen coordination among stakeholders.

23. The **water, sanitation and hygiene programme** has identified five priority areas that apply nationwide, and that include family, community, school and health-care facility interventions that focus on: (a) hygiene knowledge and good practices; (b) safe, sustainable and equitable sanitation services; (c) safe, sustainable and equitable water services; (d) access to WASH services in humanitarian situations; and (e) sector coordination and monitoring. Particular attention will be given to the poorest and most vulnerable children and adolescents and their communities, especially those living in the areas that are the most difficult to reach and/or affected by humanitarian crises, including epidemics and waterborne diseases.

24. The **social inclusion programme** will aim at producing a steady stream of credible data to inform evidence-based public policymaking, implementation and M&E. UNICEF will support the generation of evidence on child deprivation through administrative data, budget analysis and surveys in the framework of the performance-based financing mechanism that will govern the collaboration with the National Institute of Statistics. The programme will use survey data such as MICS to carry out specific research using the Multiple Overlapping Deprivation Analysis approach to reach the most vulnerable groups, including in humanitarian situations. In partnership with the World Bank and the International Labour Organization (ILO), the programme will support the ongoing development of the social protection agenda through: (a) provision of technical support for the development of a national social protection policy; (b) design and implementation of social protection pilot projects based on available analytical work; (c) implementation of targeted and successful emergency social protection programmes for IDPs and host communities, and their mainstreaming into the national social protection system; (c) building institutional capacity in the social protection sector through continuous training and knowledge-sharing activities, such as community of practice, for both public and non-governmental stakeholders. Vulnerability criteria drawn from the World Bank National Survey on Municipal Monographs 2016 will be used to select communities in which decentralized monitoring can be tested. They will also be used more broadly to support equity-based programming by UNICEF.

25. The **programme effectiveness component** will ensure that the programme is well designed, coordinated and managed, both at the central and zonal offices levels, such that it

meets required quality standards and achieves the expected outcomes for children. Supporting operations in the field, in collaboration with other United Nations agencies and MINUSCA, will remain critical to programme effectiveness. External communication will ensure that more information about disadvantaged children is shared, and will better equip civil society, media outlets, women, children and adolescents to advocate for child-friendly policies. This component will include cross-cutting themes such as gender and adolescent participation in promoting innovation, to ensure that these issues are better integrated into the entire programme. Communication for development (C4D) will be used in support of UNICEF development and humanitarian interventions, with a particular emphasis on promoting social cohesion and peace, without which it will be very challenging to implement and sustain all the programme components. Mobilizing community networks, engaging civil society, building the capacities of government stakeholders and forging a closer partnership with the media will help to foster social dialogue and behaviour change towards child-friendly practices.

Partnerships

26. UNICEF will continue to strengthen the government's leadership of the programme, with ministerial departments coordinating the technical aspects of the various components under the auspices of a multisectoral steering committee. Given the humanitarian situation, many basic social services are still backed or run by NGOs. This makes it particularly important to build active partnerships with these organizations, while establishing institutional accountability systems to support the transfer of skills and expertise to national entities. UNICEF will broaden its strategic partnerships to encompass the local private sector, and will encourage private firms to play a role in delivering basic social services to the most vulnerable people in line with their corporate social responsibility. The organization will work with the World Bank, the African Development Bank, the European Union and the United Nations (including MINUSCA) to support political and sectoral reform, to implement the DDRR programme and to review social expenditures. UNICEF will also continue to work with global programmes such as the Global Partnership for Education, GAVI - the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Scaling Up Nutrition movement to leverage resources and services for children. At the operational level, the programme will build closer ties with civil society and the media on children's rights. It will also forge new partnerships with faith-based organizations that provide basic social services in the most disadvantaged communities, thereby strengthening social cohesion. While activating operational mechanisms at the decentralized level, the programme will also forge ties with local entities such as the communes, which will be called to play a greater role in operationalizing the RCPCA at the local level.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources**	*Total*
Child survival and development	5 790	23 500	29 290
Primary education and gender equality	2 888	33 840	36 728
Child protection	2 735	7 520	10 255

Water, hygiene and sanitation	2 357	15 980	18 337
Social inclusion	2 977	6 580	9 557
Programme effectiveness	9 645	6 580	16 225
Total	**26 392**	**94 000**	**120 392**

* "Other resources" refers exclusively to non-emergency OR. Other resources (emergency) funds are expected during the course of the country programme.

Programme and risk management

27. Given that the country is yet to fully emerge from its crisis, security risks could continue to jeopardize effective programme implementation by limiting access and hampering intervention monitoring. The programme will therefore be adjusted to account for the volatile situation and developments on the ground. The RRM will continue to be a main mode of delivery and monitoring of humanitarian assistance in the medium term, along with third-party monitoring through local partners. Where necessary, the programme will continue to rely on security escorts to provide humanitarian access and will forge local partnerships to secure humanitarian access and rapid response. Risk assessment and management exercises will form part of ongoing programme monitoring.

28. Programme funding trends show a strong correlation between donor interest and the crisis situation in the Central African Republic, and this interest could wane as the country transitions towards recovery. The programme has therefore produced realistic forecasts to take account of this possibility, and aims to leverage additional funding from domestic resources once the economic situation improves. UNICEF will also need to help establish a system to generate and share evidence about children's situation, in order to keep them at the top of the national agenda. In the framework of the UNDAF+, UNICEF will develop a resource mobilisation strategy based on a comprehensive analysis of the partnership landscape. The documentation of the outcomes of key interventions will inform the production of fundraising material that strengthens the organizational accountability and builds trust and credibility with partners.

29. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. UNICEF, as part of the UNDAF programmes, operations and M&E teams, will make a significant contribution to coordinating and harmonizing joint United Nations interventions and programmes in the Central African Republic.

Monitoring and evaluation

30. Implementation of UNDAF+ will build on existing mechanisms, including a coordination group for United Nations-supported programmes (the Programme Management Team) and a technical M&E group (Inter-Agency M&E Working Group).

31. The Government has a general secretariat tasked with public policy evaluation. UNICEF and its partners will strengthen the capacities of this unit so that it is better equipped to promote a results-oriented culture across government departments. The national statistics development strategy – which governs all data collection, production and

dissemination activities – will also be put into operation. The sixth round of MICS (MICS 6) to be completed in 2017 will inform the baseline of the current programme result and the Sustainable Development Goals. The secondary analysis of the MICS results will be used to carry out research into multidimensional poverty, so as to target the most vulnerable areas – one of the cornerstones of dialogue around social protection interventions.

32. The World Bank and the Institut Centrafricain des Statistiques, des Etudes Economiques et Sociales (ICASEES, Central African Institute of Statistics and Economic and Social Studies) have recently introduced municipal monography surveys, which involve using sectoral indicators and a composite local development indicator to assess basic social services. This method will help to put the RCPCA into operation. UNICEF will forge a strategic partnership with the World Bank to revise the tools used to collect data about specific problems facing children. The data will be analysed and the results used to initiate local dialogue about the obstacles and barriers hampering access to basic social services and the steps needed to remove them.

33. The multisectoral steering committee will coordinate mid-year and annual statutory reviews to monitor the programme. Selected baseline studies will be conducted at the beginning of the programme cycle in order to guide the integrated community-based programme and its outcomes will be evaluated during the programme cycle. Most of the programme components will be evaluated during the cycle, including the emergency response. More specifically, thematic reviews will be done of the following: the integrated approach to child health and nutrition; the Community-Led Total Sanitation approach; the future impact of money transfers; and the RRM. The knowledge produced will be used to inform subsequent programming. A gender review was carried out during development of the current programme. This exercise will be repeated at the midterm point in order to measure progress and make adjustments on gender matters.

Annex

Results and resources framework

Central African Republic – UNICEF country programme of cooperation, 2018-2021

Convention on the Rights of the Child: 4, 6-10, 12-13, 16-29, 31-32, 35-37, 39-40
Sustainable Development Goals: 1-7, 9-10, 15-17

National priorities: RCPCA: Pillar 1: Promote peace, security and reconciliation; Pillar 2: Renew the social contract between the State and the population and cross-cutting themes: regional equalities; gender equality; transparency and accountability; environmental sustainability; and youth capacity-building and inclusion.

UNDAF outcomes involving UNICEF:
Strategic outcome 1: (a) Peacebuilding, security and social cohesion; and (b) Social well-being and equity

Outcome indicators measuring change that includes UNICEF contribution
1.1.2. Percentage of the population, by region, that think ethnic/religious tensions have been improved;
2.1.1. Satisfaction rate among the Central African Republic population with regards to the provision of basic services;
2.2.2. Prevalence rate of severe and moderate food insecurity among households (disaggregated by sex).

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

UNICEF outcomes	*Key progress indicators, baselines*[2] *(B) and targets*[3] *(T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Child survival and development							
At least 80 per cent of pregnant and breastfeeding women, girls and boys under 5 (including newborns), and	Percentage of pregnant women having attended at least four antenatal consultations (Total (15 - 49 years); Urban/Rural; 10-19	MICS 7	• 80 per cent of households in the target areas have the knowledge, skills and motivation they need to adopt favourable behaviour and	Ministry of Health; World Health Organization (WHO); UNFPA; European Union;	2 026	11 750	13 776

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.
[2] Baseline years not provided; data should all refer to the year 2016.
[3] Where the target date is not specified, the year should be considered the end of the cycle i.e. 2021.

UNICEF outcomes	Key progress indicators, baselines[2] (B) and targets[3] (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
adolescents (boys and girls) aged 10-19 (especially those living in disadvantaged areas) use high-quality curative, promotional and preventive care services.	years) B: Total (15-49 years): 76% T: Total (15-49 years): 80%		essential family practices that promote the health of pregnant and breastfeeding women, newborns, children and adolescents, and demand more maternal, newborn, child and adolescent health services. • 80 per cent of functioning health-care facilities in the target areas are technically equipped to provide high-impact immunization and maternal, newborn, child and adolescent health interventions, including in emergency situations.	NGOs; communities			
	Deliveries attended by qualified health personnel (Total (15-49 years) ; Urban/Rural; 10-19 years) B: 38% T: 80%	MICS 7					
	Measles vaccine coverage among newborns aged 0-11 months (Total; Urban/Rural) B: Total: 49% T: Total: 80% B: Not available for other sub-groups	MICS 7					
At least 70 per cent of pregnant and breastfeeding women, children and adolescents (girls and boys) infected with or affected by HIV, especially the most vulnerable, use high-quality prevention, promotion and treatment services	Percentage of HIV-positive women tested and placed on antiretroviral therapy (ART) (Total; Urban/Rural; 15-49 years/15-19 years) B (2015): 64% T: 70% B: Not available for other sub-groups	Health Information System Report	• Health-care facilities and communities offer high-quality, integrated HIV treatment services for children and adolescents, and prevention of mother-to-child transmission services, including in emergency situations. • Adolescents and young people have access to integrated adolescent health prevention and treatment services.	Ministry of Health; Joint United Nations Programme on HIV/AIDS; WHO; UNFPA	2 895	3 525	6 420
	Percentage of HIV-positive children and adolescents on ART who survive after 12 months of treatment B: Total: N/A T: Total: 70%	Health Information System Report					
At least 60 per cent of adolescent girls, pregnant and breastfeeding women, and children under 5 use high-impact nutrition services and services to	Percentage of children aged 6-59 months suffering from SAM B (2014): 1.9% T: <2% in at least 12 out of the 16 districts	MICS 7	• At least 60 per cent of community facilities in the target areas offer an integrated package of community health and nutrition services.	Ministry of Health; WHO; World Food Programme	869	8 225	9 094

UNICEF outcomes	*Key progress indicators, baselines[2] (B) and targets[3] (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
encourage good nutrition behaviour.	Percentage of children aged 0-5 months who are exclusively breastfed B (2014): 28.8% T: 50%	MICS 7	• At least 80 per cent of health-care facilities in the target areas are equipped to offer an integrated package of high-impact nutrition interventions to pregnant women and children under 5, including in emergency situations.				
	Optimum feeding rate among children aged 6-59 months B (2014): 44.2% T: 50%	MICS 7					
Primary education and gender equality							
Children of pre-primary and primary age (girls and boys), and especially those living in the most disadvantaged areas, complete the relevant cycle for their age.	Gross pre-primary enrolment ratio (Total; Urban/Rural; Girls/Boys) B: Total: 2.57% Girls/Boys: 2.61%/2.53% T: Total: 6% Girls/Boys: 6%/6%	Statistical Yearbook 2020-2021	• Children of pre-primary and primary age who are excluded from the education system access high-quality, inclusive educational provision in selected areas. • Children deprived of their right to education in emergency situations have access to age-appropriate alternative educational provision.	Ministry of National Education and Scientific Research; Agence Française de Developpement (AFD)- French Development Agency; European Union; NGOs (national and international); Global Partnership for Education	2 888	33 840	36 728
	Net enrolment ratio for the first year of compulsory education (Total; Urban/Rural; Girls/Boys) B: Total: 55% Girls/Boys: 51%/68% T: Total: 85% Girls/Boys: 85%/85%	Statistical Yearbook 2020-2021					
	Completion rate (Total; Urban/Rural; Girls/Boys) B: Total: 48% Girls/Boys: 40%/54% T: Total: 60% Girls/Boys: 60%/60%	Statistical Yearbook 2020-2021					
	Percentage of children with abilities in French (reading, writing) and Maths (arithmetic) (Total; Urban/Rural; Girls/Boys)	Conference of National Education Ministers – education system analysis programme					

UNICEF outcomes	Key progress indicators, baselines[2] (B) and targets[3] (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	B (2006): Total (French): 24% Total (Maths): 28% T: Total (French): 40% Total (Maths): 45%						
Child protection							
Girls and boys, especially those living in the most disadvantaged areas and from poor families, have equitable access to justice, social affairs and civil registration services and live in an environment that protects them from all forms of violence, exploitation, abuse and harmful practices.	A functioning national coordination framework and monitoring mechanisms (Yes/No) B (2015): No T: Yes	Child protection workers' activity report	• Child protection workers at all levels are equipped to prevent and address the needs of girls and boys affected by/at risk of violence in humanitarian and transitional situations. • Civil registration services are in place, accessible and capable of registering newborns within or outside the required time frames.	Ministry of Social Affairs; Ministry of Justice, and Communes; United Nations agencies; MINUSCA; NGOs (national and international)	2 735	7 520	10 255
	Percentage of child survivors of gender-based/sexual violence benefiting from at least two components of the minimum package of holistic care services B: 0% have access to two component T: 80% have access to two components	Report from implementing partners and the gender-based violence sub-cluster					
	Percentage of births registered before the child's fifth birthday B (2015): 61% T: 70 per cent	MICS 7					
	Percentage of child victims of violence benefiting from justice services. B (2015): 12% T: 50%	Ministry of Justice report					
	The revised national child protection policy is implemented B (2015): Draft available	Ministry of Justice report					

UNICEF outcomes	*Key progress indicators, baselines[2] (B) and targets[3] (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T (2018): National policy finalized and costed, and annual workplan in place and implemented						
WASH							
People living in disadvantaged areas, especially women and children and people affected by emergencies, use safe, affordable sanitation facilities and adopt good hygiene practices.	Percentage of the population using safely managed drinking water supply services B (2017): 0 T: 25	Water Directorate report	• Children and families in the areas covered by the programme, especially girls, women and vulnerable people, are informed and educated about hygiene. • Children, families, communities and institutions (schools and health-care facilities) in the areas covered by the programme have increased access, functioning and accessible sanitation and drinking water facilities.	Ministry of Energy and Hydraulic; Ministry of Education; Ministry of Health; water companies; Water Directorate; African Development Bank; World Bank	2 357	15 980	18 337
	Percentage of households no longer practising open defecation B (2015): 29% T: 80%	Open Defecation Free (ODF) assessment					
	Percentage of the population using safely managed sanitation services, including facilities for hand-washing with soap and water B: 24% T: 50%	Knowledge Attitudes and Practices (KAP) survey					
Social inclusion							
Children's rights are better documented, and the Government uses these records to inform, cost and implement inclusive social policies.	Number of children (girls/boys) covered by social protection programmes B: N/A T: 250,000	Reports from the Ministry of Social Affairs	• Central entities are better equipped to produce, analyse, disseminate and use compelling data appropriately, to inform, implement, monitor and evaluate inclusive social policies. • The most vulnerable children, women, adolescents and young people have access to coherent social protection services.	World Bank; United Nations Development Programme; ILO; ICASEES; Ministry of Finance and Budget	2 977	6 580	9 557
	Public spending on social protection for children B : N/A T: 3%	State budget					
	Public spending on education	State budget					

UNICEF outcomes	*Key progress indicators, baselines[2] (B) and targets[3] (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
	and health (per cent of GDP) B (2015): 1.2% (education) and 1.9% (health) T: 2.5% (education) and 2% (health)						
Programme effectiveness and efficiency							
The programme is designed, coordinated and managed, both at the central level and in local offices, to meet the required quality standards and attain the expected outcomes for children.	Office year-end performance index B: 0.71 T: 1	Scorecard	• UNICEF staff and partners are equipped with the tools, advice and resources they need to design, plan, manage and monitor programmes effectively. • Communities adopt the priority child survival, protection, learning and development behaviours, use basic social services, and promote tolerance between communities and social change in an equitable manner. • People affected by humanitarian crises have access to multisectoral assistance in line with standards.	Government; civil society; multilateral and bilateral partners; media outlets; civil society organizations; UNICEF National Committees	9 645	6 580	16 225
	Percentage of people who believe that tolerance, respect, and interfaith and inter-community dialogue are essential to the country's recovery B (2017): TBD T: 80%	KAP surveys					
	Number of people affected by humanitarian crises benefiting from appropriate multisectoral assistance B: 538,864 T: 2,156,000	Situation Report					
Total resources					**26 392**	**94 000**	**120 392**